The Comprehensive IME System: Essential Resources for an Efficient and Successful IME Practice

THE COMPREHENSIVE IME SYSTEM

Essential Resources for an Efficient and Successful IME Practice

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Legal and Medical Information Systems
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Waco, TX 76712
(254) 776-7864

IMPAIRMENT REPORT
ON

APRIL

Documentation according to the
AMA Guides to the Evaluation of Permanent Impairment

[redacted]
aluation Centers

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hreveport, LA 71101
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ax 318 221-7007

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14 357-1878
ax 214 357-1951

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uite B
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17 870-1880
ax 817 870-1885

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April 6, 1999

State Office of Risk Management
P. O. Box 3777
Austin, Texas 78711-3777
Attn: Tshaw

RE:
DOI: 9-8-98
CLAIM#: 1777028
S.S.#:

Dear Ms. [redacted]

After completion of a comprehensive evaluation protocol and review of medical data, the claimant is granted a 10% whole person permanent partial impairment based on the current work related injury of 9/8/98. This impairment has been calculated according to the Guides to the Evaluation of Permanent Impairment, Third Edition, Second Printing, February 1989, by the American Medical Association.

A request has been made to determine the date of Maximum Medical Improvement. According to the accepted medical standards, that date has been calculated as 4/6/99.

The AMA Guides is very specific in it's criteria for the date of Maximum Medical Improvement. The Guides indicate the MMI date is that date when the patients clinical condition becomes stable and there is no medical reason to expect that the patient will lose further functional ability.

TWCC guidelines indicate that when a medical condition has reached a static course under appropriate medical treatment and there has been no change in the clinical condition of the patient after three months, Maximum Medical Improvement can be assumed.

Ms. French carries a diagnosis of long standing degenerative osteoarthritis of the right hip. She indicates she is experiencing pain and discomfort over the anterior aspect of her left knee for a period of approximately 20 years. It is my opinion that this "knee pain" most likely represents a referred pain from her right hip.

The current changes noted on x-ray which consists of significant narrowing of the hip space, elongation and flattening of the femoral head with a medial beak, represent obvious long-standing degenerative disease of the hip.

Given her current range of motion deficiencies, I feel that a fall with any direct trauma to the right hip would most likely decrease her pain complex. This is a result of the decreased motion of the hip in association with the fibroarthrosis of the hip secondary to the long-standing degenerative disease.

Based on current radiographic findings, there is no evidence that there has been any increased structural deficiency of the right hip which has arisen in and out of the incident date of 8/9/98. Nor do I consider the degenerative changes and structural changes which were obviously long-standing to have any relationship to that incident.

It is quite possible Ms. French may require a total hip arthroplasty in the future taking into consideration her current degenerative changes.

Her current impairment is based on residual deficiencies of range of motion of the right hip and right knee which are also long-standing and a result of this pre-existent disease complex. They are rated at this time however, based on the current range of motion deficiencies as measured.

I will now take you through the evaluation process step-by-step in order to provide you with the rationale and best reason opinion for support of the above determination.

The current medical criteria/data as outlined in the AMA Guides indicates that only objective medical information is required and utilized to assign impairment based on the appropriate AMA Categories which are relevant to the anatomical area being evaluated.

In order to calculate impairments of the axial spine, we are referred to Figure 84 on page 78 of the AMA Guides. This Figure is designated as the "Spine Impairment Summary Chart". Impairments in this section fall into six specific subcategories. They include: Specific Disorders, Range of Motion, Neurological Impairment, Other Impairment, Regional Impairment, and Total Spine Impairment.

In order to calculate the patients current impairment relevant to a specific incident, we are referred to Category I of Figure 84 which deals with Specific Disorders of the Spine. This section refers us to Table 49 on page 73.

This Category grants impairments based on Specific Diagnosis and their associated related entities as they apply to Table 49. This consists of Section I which deals with fractures and acute trauma of the spine. Section II deals with intervertebral disc and other soft lesions. Section III deals with spondylolysis and spondylolisthesis, un-operated. Section IV deals with

spinal stenosis, segmental instability, or spondylolisthesis, operated. Impairments in this section are usually diagnosed by objective structural changes which are identifiable by established medical criteria (X-rays, Neurodiagnostics, Scans, Myelograms, and Discograms). If the patient has documented objective changes that are causally related to the traumatic incident, they are then granted the appropriate impairment as designated within **Table 49 on page 73** which deals with Specific Disorders.

A review of the current medical documentation and clinical findings provides support the assignment of a 0% impairment based on Specific Disorders of the **Lumbar Spine** which is qualified under Category IIA for the lumbar spine.

Taking into consideration the above impairments, the examinee qualifies for a total impairment of 0% based on Specific Disorders as indicated in Section I, Figure 84 on page 78.

Category II of the Spinal Impairment Summary sheet allows additional impairments based on deficiencies of range of motion. In order to qualify for additional impairments within this subsection, the examinee must meet specific qualifying and validating factors as outlined in the AMA Guides. On test/retest analysis, the examinee must also show maximum motion arcs to be within 15% difference to be statistically valid.

Utilizing a computerized dual inclinometer, the following motion arc deficiencies have been determined.

Dual inclinometry measurements were obtained of the **lumbar spine** demonstrating an impairment of 0% whole person based on current measurements. Please see **Figure 83C** (enclosed) regarding the measured maximum motion parameters.

Category III of the Spinal Impairment Summary form allows additional impairments based on deficiencies of neurological status. In order to qualify for additional impairment within this subsection, the examinee must meet specific clinical issues as outlined in Chapters 3 and 4 of the AMA Guides. In order to assign impairment within this subsection, sensory and motor deficiencies must be of a permanent nature and directly or indirectly related to the work incident and qualify based on Table 10 or 11 on page 40.

Current clinical findings do not demonstrate any residual sensory or motor dysfunction which is rateable based on Table 10 or 11 on page 40, is of a permanent nature, and directly or indirectly related to the incident date of 9/8/98. As such, no impairment is rendered within this subsection.

OTHER IMPAIRMENTS

Category IV of the Spinal Impairment Summary form allows additional impairments based on

deficiencies of other anatomical lesions.

Based on review of current clinical findings, as well as review of medical data, the examinee qualifies for additional other impairments as indicated below.

Ms. French is also claiming associate injury to the right hip and knee. A review of current clinical data does not provide me with any criteria to impart impairments based on specific disorders. Likewise, she does not demonstrate any significant sensory or motor dysfunction to the lower extremities.

Utilizing a dual inclinometer, Ms. French does demonstrate some range of motion deficiencies of the right hip in comparison to the left as well as the right knee.

The AMA Guides is quite specific as to the manner of determining impairment for range of motion deficiencies of the extremities. Using a goniometer the major motion arcs of the joints are measured and recorded. The opposite extremity is utilized as a standard.

Motion arc deficiencies are determined subtracting the affected from the unaffected side. This motion arc deficiency value is then applied to the appropriate Table or Figure for impairment determination.

If there is a pre-existing pathology of the opposite extremity joint being considered, then the measured motion arcs of the joint in question are applied directly to the appropriate Figure.

Utilizing a goniometer, the following motion arc deficiencies of the right hip have been determined in comparison to the left: flexion - 10 degrees, extension - 25 degrees, abduction - 5 degrees, adduction - 5 degrees, internal rotation - 25 degrees and external rotation - 25 degrees.

Addressing Table 37 on page 62, she is granted a 2% impairment for flexion and a 5% impairment for extension.

Addressing Table 39 on page 63, a 2% impairment for abduction and a 2% impairment for adduction.

Addressing Table 40 on page 63, a 6% impairment for internal rotation and a 6% impairment for external rotation. Total impairment for the hip is 24%.

Range of motion of deficiencies of the right knee were also calculated compared to the left demonstrating a 5 degree motion deficiency. Addressing Figure 35 on page 61, this equates to a 2% impairment whole person.

Combining the above impairments for hip and knee range of motion dysfunction, we come to a 26% impairment to the lower extremity. This translates to a 10% whole person permanent partial impairment.

TOTAL IMPAIRMENT BASED ON FIGURE 84 OF THE SPINAL IMPAIRMENT SUMMARY SHEET

Taking into consideration Specific Disorders, Range of Motion, Neurological Dysfunction, and Other impairments, the examinee is granted regional total impairment which is a summation of the combined values derived from each of the three spinal categories. As such, the following impairments have been granted: Cervical 0%. Thoracic 0%. Lumbar 0%.

Combining all the regional totals utilizing the combined value chart, the examinee is granted a **Total Whole Person Permanent Partial Impairment** based on the Spinal Impairment Summary form of 10% whole person.

Ms. French was subsequently referred to the performance lab where she underwent ergometric analysis.

This examination consists of the Kasch step test, University of Michigan Lift test, Dynamic Progressive Lift test, and the Jamar hand dynamometer protocol.

The test sequences give us an approximation of the examinees current cardiovascular fitness criteria as measured from the **Kasch Step Test.**

The University of Michigan Isometric Strength Test (NIOSH Strength Test) gives us indication of isolated strength performances as manifested by the Squat test, the Back Lift, the Push-In, the Pull-Out and the High Near Lift. This provides us with information regarding maximal single lift performance within the specific categories measured.

The Dynamic Progressive Lift test gives us information regarding the examinees endurance as well as their capacity for repetitive or frequent lifting.

The Jamar Hand Dynamometer Protocol provides us with a validity profile while at the same time, measures unilateral grip strength, in the five designated positions.

All test sequences provide us with an inherent validity protocol for both intra-test as well as cross test analysis to determine maximal strengths and weaknesses.

Utilizing the cardiovascular monitoring, one is able to determine **sub-optimal** as well as maximal efforts.

The functional capacity test (F.C.E) will measure only what the examinee is willing to give at the time of evaluation. These test sequences are utilized for consideration of employability as well as associated work restrictions and/or limitations.

KASCH STEP TEST SUMMARY

Utilizing the Kasch step test; the examinee demonstrated a final recovery beat count of 87 beats per minute. This qualified the examinee with the "average" cardiovascular fitness category.

KASCH STEP TEST RESULTS

The examinee was tested in the facility utilizing the Kasch step test. This test is designed to measure the individuals cardiovascular condition through the use of a simple, submaximal bench stepping procedure.

The test is performed by having the examinee step for 3 minutes on a 12 inch bench at a rate of 24 steps per minute (a total of 72 steps). The examinees heart rate is monitored during the test for safety (test is terminated if the heart rate exceeds 85% of age; adjusted maximum heart rate).

At the end of 3 minutes, the examinee stops, steps over the bench and sits down, while the heart rate continues to be monitored during a one minute recovery. The total number of heart beats is counted during recovery, and this count is compared with the population norms to determine the appropriate classification of cardiovascular condition (one of six standard levels).

CLASSIFICATION/RECOVERY HEART BEAT COUNTS

EXCELLENT - 71 TO 78 BEATS
VERY GOOD - 79 TO 83 BEATS
AVERAGE - 84 TO 99 BEATS
BELOW AVERAGE - 100 TO 107 BEATS
POOR - 108 TO 118 BEATS
VERY POOR - 119 ABOVE

ISOMETRIC STRENGTH TEST "UNIVERSITY OF MICHIGAN"

Applying the University of Michigan Isometric Strength test, examinee demonstrated the following performance:

a Squat Lift of ..... 0 lbs.
a Back Lift of ..... 7.9 lbs.
a Pull-In of .....10.8 lbs.
a Push-Out of ..... 9 lbs.
a High Near Lift of ... 7.9 lbs.

Validity Profile:

Applying the validity protocol, the examinee demonstrated minimal efforts of less than 15 pounds on 5 out of 5 tasks, demonstrated performances below recommended weight limits on 3 out of 3 tasks, and demonstrated inappropriate strength changes on 2 out of 3 tasks.

INAPPROPRIATE HORIZONTAL STRENGTH CHANGES

An Inappropriate Horizontal Strength Change represents an abnormal variance in lifting performance when an object is lifted as a designated vertical height while changing the distance between the person and the object lifted.

When the distance between the object and the lifter is changes, the person's lifting capacity will change in a predictive way. The capacity will **increase** as they move closer to the lifted object, and will **decrease** as they move away from the lifted object. There is a simple inverse relationship that exists between the maximum weight lifted and the horizontal location of the load.

If two or more **inappropriate horizontal lift changes** are present, one can assume submaximal effort and/or symptom magnification.

A review of current functional data determined during the testing protocols did not demonstrate any significant increase in heart rate as anticipated. This test is not consistent with maximum effort.

DYNAMIC PROGRESSIVE LIFT TEST

Applying the Dynamic Progressive Lift test, the examinee demonstrated an initial heart rate of 84, a terminal heart rate of 84 beats per minute, with an estimated target heart rate of 130 beats per minute. The final weight lifted was measured at 11 lbs. The examinee indicated a perceived load of "too heavy" and a pain level "intolerable".

Based on the lifting capacity as monitored in the Dynamic Progressive Lift test, the examinee qualified within the DOT Category of "SEDENTARY".

An analysis of the compatibility of the performances of the **Isometric Strength** test and the **Dynamic Strength Test** "is" compatible.

A review of the heart rate demonstrated no appreciable change. Although, Ms. French indicated intolerable pain and a weight limit as being too heavy, it is noted that she did not approximate her target heart rate. Without any psychological change, it is highly unlikely that she was actually perceiving in the psychological way a lift that was too heavy for a pain level that was intolerable. This would certainly increase the heart rate.

JAMAR DYNAMOMETER TESTING

Additional testing was carried out utilizing the **Jamar Hand Dynamometer Protocol**. Strength parameters were measured and compared to standardized norms. (For 4th Edition users this would be found in Table 32, page 65, it is not found in the 3rd Edition).

The right hand strength demonstrated a percent norm of 22%. The left hand strength measured a percent norm of 33%.

Validity Summary: Applying the validity summary, the examinee demonstrated coefficients of variation greater than 20% on 0 of 10 trials for the maximum voluntary effort testing.

Appropriate curves were noted on 2 out of 2 curves.

It should be noted that the overall weakness of grip strength cannot be explained on an organic basis. There was certainly no injury to her hands or upper extremities. This however, does correlate extremely well with her lack of maximum performance noted throughout her functional testing. Essentially, Ms. French has not provided maximum effort and as such, one must rely on current clinical findings and review of supportive medical documentation for current employability.

Indications for Employability

A review of current and past medical data, a consideration of the examinees current physical findings, and consideration of the performances noted during the Functional Capacity testing, there does not appear to be any **medical reason** which would **preclude** the examinee from traveling to work, being at work, and performing appropriate tasks and duties, if they wished to do so.

A review of current medical documentation shows no appreciable structural change in Ms. [redacted] clinical condition as a result of the incident date of 9/8/98. As such, I see no medical reason as to why she could not return back to her pre-employment position. As such, I would

not impart any additional work restrictions and/or limitations relative to the work related incident of 9/8/98.

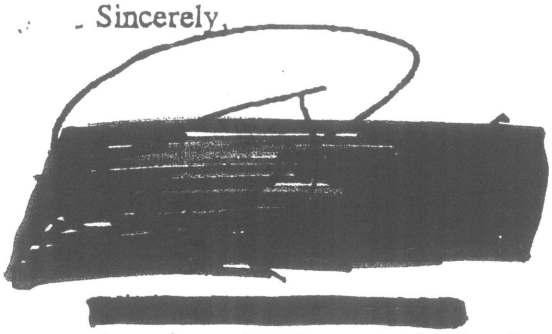
OPINION DISCLAIMER

The opinions rendered in this case are the opinions of William E. Blair, Jr., M.D. This examination has been conducted on the basis of the medical examination and the documentation as provided, with the assumption that the material is true and correct.

If more information becomes available at a later date, an additional service/report/reconsideration may be requested. Such information may or may not change the opinions rendered in this examination.

The opinion is based on the clinical assessment, clinical examination, and documentation as provided. This opinion does not constitute per se a recommendation for specific claims or administrative functions to be made or enforced.

Sincerely,



American Academy of Evaluating and Disability Physicians
Fellow of American Academy of Orthopedic Surgeons
Certified by the American Board of Orthopedic Surgery
Certified by the American Board of Independent Examiners
Diplomate of the American College of Forensic Examiners

WEB/ew

cc: TWCC - Waco
801 Austin Ave., Suite 840
Waco, Texas 76701

April French
P. O.Box 607
Wortham, Texas 76693

Send to TWCC FIELD OFFICE Handling Claim, if known, or
TEXAS WORKERS' COMPENSATION COMMISSION
4000 South IH-35, Southfield Building
Austin, Texas 78704

TWCC

Carrier's Claim 1777028

REPORT OF MEDICAL EVALUATION

1. Injured Employee's Name (Last, First, M.I.)	2. Social Security Number	3. Date of Injury
[illegible]	[illegible]3	9-8-98

4. Injured Employee's Mailing Address (Street or P.O. Box)	City	State	ZIP Code	5. Phone Number
[illegible]	[illegible]	Texas	76693	(254) 765-3609

6. Employer's Business Name	7. Workers' Compensation Insurance Carrier
Mexia State School	State Office of Risk Mgmt

8. Employer's Mailing Address (Street or P.O. Box)	City	State	Zip Code
P.O. Box 1132	Mexia	Tx.	76667

9. Doctor's Name, Title and Specialty	10. Date of This Visit
WILLIAM E. BLAIR, JR., M.D.	4-6-99

11. Doctor's Mailing Address (Street or P.O. Box)	City	State	Zip Code	12. Phone Number
7003 WOODWAY DR., SUITE 305	WACO	TEXAS	76712	(254) 776-7864

13. Professional License Number	14. Diagnosis (ICD-9 Codes)	
J2502	(1) 924.01	(2) 924.11
	(3) 922.3	(4)

15. Federal Tax Identification Number
74-2648307

16. Please attach a narrative history of the employee's medical condition(s) including but not limited to:
a) onset and course of employee's medical condition(s); and
b) findings of previous examinations, treatments, and responses to treatments not previously reported to the insurance carrier and the Commission by the doctor making this report.
c) a description of the results of the most recent clinical evaluation of the employee.

MAXIMUM MEDICAL IMPROVEMENT

17. Has employee reached maximum medical improvement as defined on the reverse side? Please check the appropriate box and complete the remainder of the form.

( ) No, the employee has not reached maximum medical improvement. Give the estimated date on which the employee is expected to reach maximum medical improvement. _____

(X) Yes, I certify the above-named employee has reached maximum medical improvement on 4-6-99. This date may not be prospective

IMPAIRMENT RATING

18. I certify the above-named employee has a whole body impairment rating of 10 %. (Please attach worksheets used to determine the whole body impairment.)

Objective clinical or laboratory finding means a medical finding of impairment resulting from a compensable injury, based on competent objective medical evidence that is independently confirmable by a doctor, including a designated doctor, without reliance on the subjective symptoms perceived by the employee. The impairment rating shall be based on the compensable injury alone.

To determine the existence and degree of the employee's impairment, a doctor must use the "Guides to the Evaluation of Permanent Impairment," third edition, second printing, February 1989, published by the American Medical Association.

IMPORTANT NOTICE TO THE INJURED EMPLOYEE AND THE INSURANCE CARRIER: THE FIRST IMPAIRMENT RATING ASSIGNED BY A DOCTOR IS CONSIDERED FINAL IF THE RATING IS NOT DISPUTED WITHIN 90 DAYS FROM RECEIVING NOTICE OF THE RATING. CONTACT THE FIELD OFFICE HANDLING THE CLAIM FOR FURTHER INFORMATION.

19. Doctor Type: (check appropriate block) Required Medical Examination Doctor

( ) Treating ( ) Other ( ) Designated (X) Carrier Selected ( ) Commission Selected

20. Signature of Doctor [signature] 21. Date of this Report 4-6-99

22. A doctor, other than the treating doctor, who certifies maximum medical improvement must send this Report of Medical Evaluation (TWCC-69) to the treating doctor no later than 7 days after the examination. The treating doctor, in turn, must mail this Report of Medical Evaluation to the commission field office handling the employee's claim within 7 days. This will serve as the treating doctor's agreement or disagreement with certification of maximum medical improvement and/or with the assigned impairment rating.

Treating Doctor's Review of Certification of Maximum Medical Improvement and Assigned Impairment Rating (see reverse side for instructions)

( ) I AGREE with the above doctor's certification of maximum medical improvement

( ) I DISAGREE with the above doctor's certification of maximum medical improvement.

( ) I AGREE with the above doctor's assigned impairment rating.

( ) I DISAGREE with the above doctor's assigned impairment rating

23. Signature of Treating Doctor _____

Printed Name of Treating Doctor _____ 24. Date Signed _____

HISTORY & PHYSICAL

EXAMINEE:

DATE OF EVALUATION: 4-6-99

TOTAL TIME FOR EVALUATION: 10:00 - 11:45 & 12:38 - 1:10

REFERRAL SOURCE: Office of Risk Mgmt.

PURPOSE OF EVALUATION:

1. Has past/current treatment been reasonable and necessary?
2. Is continued treatment reasonable and necessary?
3. Is the Hip degenerative disease related to the compensable injury?
4. If so, is hip replacement necessary?
5. What is patient's current work status in regards to the compensable injury?
6. Has patient reached MMI? What is impairment rating?
7. If not at MMI, what is the recommended treatment plan?

PERTINENT AREA OF INJURY: RT. HIP, RT. KNEE and BACK

HISTORY OF INJURY:

Ms. states that on 9-8-98, while employed for Mexia State School as a Tech. therapist IV, she was injured when she was escorting a behavioral client back to the dorm. The client tripped her, causing her to twist her back and fall on right side(knee and hip).

The examinee reports that there were witnesses to the injury.

The examinee reports that she has not retained an attorney. She did apply for Social Security Disability as a result of this injury but was denied.

Ms. states that she is currently receiving workers compensation benefits. She is not working at this time.

HISTORY OF TREATMENT FOR THE INJURY:

The following history is compiled based on a review of medical records and medical intake with Ms. French:

9/8/98 - Lumbar X-ray - suggestion of some mild disc space narrowing L4/5. Lumbar spine otherwise unremarkable.

Thoracic X-ray - mild kyphoscoliosis.

Rt. Hip - somewhat prominent changes of degenerative osteoarthritis in the right hip. Hip is otherwise unremarkable - Parkview Hospital - C. . I.D.

9-8-98 - Visit - limited flexion/extension of back and hip. Pt. referred to - N. D. L , M.D.

9-14-98 - Visit - Pt. still in severe pain. Rx Soma - N. D. D.

11-3-98 - Visit - Pt. medical history positive for hepatitis 15 years ago and diagnosed with rheumatoid arthritis. She has long-standing degenerative arthritis of the right hip. Problems in the mid back, shoulders, back. Can not stand for long period of time and gets tired. Said she has arthritis in her knees. Pt. has been on therapy. She has had MRI of the low back. Internal rotation of the rt. hip is slightly limited. Negative SLR. I think she can return to normal activities - Dr.

3-2-99 - Visit - Pt. saw Dr. and hip replacement was recommended - Dr.

Pt. states she is going to have surgery.
She states she has gone through phy. therapy which helped her back.

Current Medications: Rx Tylenol 4 and Ultram. She was also given samples of a new arthritis medication - Celebrex 200 mg.

HISTORY OF CURRENT COMPLAINTS:

At the time of evaluation, the examinee's pain diagram illustrates the following complaints: Shooting pain in the front and back of the right hip.

PAST MEDICAL HISTORY:

The examinees prior on-the-job injuries included: being hit in the jaw by a client. There have been no sports related injuries, fractures or motor vehicle accidents requiring medical attention.

Ms. s surgical history is negative.

The examinee states that she is currently being treated for depression by Dr. Buchmeyer. She takes Paxil.

EFFECTS OF INJURY ON ACTIVITIES OF DAILY LIVING:

Secondary to the injury, the examinee reports restrictions in her daily activities. She is unable to clean the house like she use to. Her husband now does. She cooks but not anything that takes time. She can not sit for long periods of time. Her son usually carries in the groceries for her.

She has difficulty with driving. She tries to stay within a 10 to 15 mile radius.
She used to knee board.

Negative effects are also reported on her personal relationships. It has caused problems with her husband.

SOCIAL HISTORY:

Mrs. is married with one child living at home. She completed 12 years of education and will complete her 4th year of college in December.

She smokes less than a pack of cigarettes daily. She does not consume alcoholic beverages.

PHYSICAL EXAMINATION:

Vital Signs -- This is a 45-year-old right-handed female. Height, 5' 1". Weight, 155 pounds.

Abdomen -- Protuberant.

Genitalia and Rectum -- Not examined.

Extremities and Neurological -- Range of motion of the elbows, wrists, and hands is also within normal limits. Strength on manual muscle testing of shoulders abduction, elbow flexion and extension, and wrist flexion and extension, is normal. Strength, as demonstrated by hand grasp, is normal. Sensation to gentle touch is normal with no changes noted. Deep-tendon reflexes in the upper extremities are bilaterally present, symmetrical, and equal. Measurements of the arms and forearms at a point 5" above and 5" below the olecranon process are bilaterally equal with no evidence of muscle wasting. Tinel's sign is negative.

Examination of the thoracic spine does not reveal evidence of tender points, trigger points or demonstrable muscle spasm.

Examination of the lumbar spine and lower extremities revealed [redacted] evidence of tender points at L5-S1 on the left side. There is no trigger points or demonstrable muscle spasm. Range of motion of the lumbar spine is slightly decreased in flexion and extension.

Range of motion of the hips is - 80 degrees of flexion on the right, and 90 degrees on the left, extension is 25 degrees on the right, and 0 degrees on the left, abduction 25 degrees on the right and 30 degrees on the left, adduction 15 degrees on the right, and 20 degrees on the left, internal rotation is 5 degrees on the right and 30 degrees on the left, external rotation is 15 degrees on the right and 40 degrees on the left. Range of motion of the knees is - 130 degrees of flexion on the right, and 135 degrees on the left, extension is 0 degrees bilaterally. General examination of the knees revealed bilateral patella femoral crepitation. Anterior and Posterior drawer signs are negative. McMurray's test is negative. Range of motion of the ankles and toes is within normal limits. Strength, as determined by examination of the hip abductors and adductors, quadriceps, foot flexors and extensors and toe extensors, is within normal limits. The examinee is able to walk on heels and tiptoes. She is not able to squat. Sensation as tested by gentle touch does not reveal changes in sensation in the lower extremities. Deep-tendon reflexes in the lower extremities are bilaterally present, symmetrical, and equal. Measurements taken at a point approximately 5" above and 5" below the patellae are bilaterally symmetrical with no evidence of muscle atrophy noted. Fabere test is positive on the right for hip pain. Straight-leg raising with the examinee in the sitting position is 90 degrees bilaterally. Straight-leg raising with the examinee in the supine position is 40 degrees on the right and 45 degrees on the left.

DIAGNOSIS:

1. Nonspecific low back pain.
2. Marked lumbar lordosis horizontal sacrum.
3. Long standing osteoarthritis right hip.
4. Decreased articular space right hip.
5. Flattened femoral head.
6. Fibroarthrosis right hip.

[redacted] M.D., F.A.A.D.E.P., C.I.M.E.
WEB/nv

[redacted] Evaluation Center

7003 Woodway Dr., Suite 305
Waco, TX 76712
Phone (254) 776-7864 Fax (254) 776-0775

PATIENT INFORMATION: Report Date: **04/06/99**

Patient: _____

Address: n/a
n/a,
Phone (H): n/a
Initial Visit: 04/06/99
... Referred by: n/a
... Resting Pulse Rate: n/a
... Blood Pressure (sitting): n/a
Physician: n/a
Tested By: Norma

ID#: 464801983
DOB: 04/10/53 Age: 46 Sex: F
Height: 61 in Weight: 155 lb
Phone (W): n/a
Occupation: n/a
... DOT: _____
... SIC: _____
Employer: n/a
Insurance Co: n/a
Attorney: n/a

Injury: Diagnosis	Side	Injury Date	ICD-9 Code
n/a	n/a	n/a	n/a

Kasch Step Test Summary © 1995 Phillip Osborne, M.D.

HR at start of test	HR at end of stepping	HR at end of recovery	Recovery beat count	Category
78	76	78	87	Average (84-99)

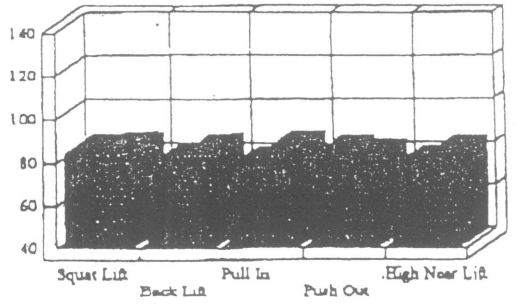
Isometric Strength Testing Summary © 1995 Phillip Osborne, M.D.

POSTURE	RESULTS	H CHANGES	RESULTS	APPROPRIATE
Squat Lift	0 lb	H Squat Lift	0 lb	Decrease? NO
Back Lift	7.9 lb	H Back Lift	7.8 lb	Increase? NO
Pull In	10.8 lb			
Push Out	9 lb			
High Near Lift	7.9 lb	H High Near Lift	3.5 lb	Decrease? YES

The patient's heart rate was measured at the start of each test, as well as the maximum heart rate attained during the rest period after each test. Graph at right and table below shows the change in heart rate for each test.

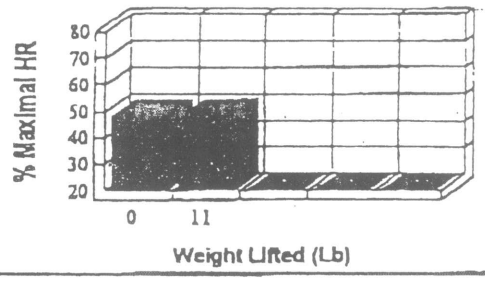
Test Name	StartHR	MaxHR	Expected
Squat Lift	84	85	No
Back Lift	79	84	Yes
Pull In	78	85	n/a
Push Out	83	81	n/a
High Near Lift	78	83	Yes

Isometric Heart Rate Response
(Starting & Maximum HR for each test)



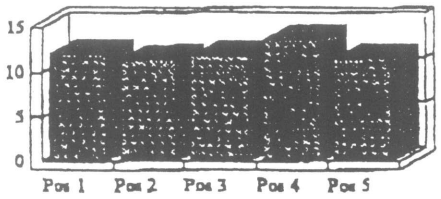
Dynamic Progressive Lifting Summary © 1996 Phillip Osborne, M.D.		
CERVICAL (Knuckle-To-Shoulder)	BEGINNING	ENDING
Weight Lifted	11 lb	11 lb
Perceived Load	1 - (Like Nothing)	9 - (Too Heavy)
Pain Level	0 - (No Pain)	9 - (Intolerable)
Heart Rate (Target = 130)	84	84

The Figure to the right shows the patient's heart rate response during the Dynamic Progressive Lift. The X-axis shows the weight lifted at each level of the test (in pounds), while the Y-axis shows the patient's heart rate at the end of that lifting level expressed as a percent of the patient's age-adjusted maximal heart rate.

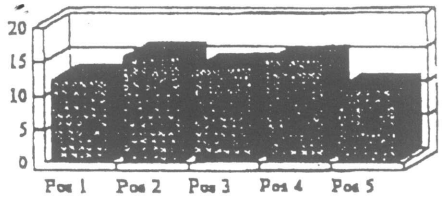


Jamar Grip Testing Summary © 1996 Phillip Osborne, M.D.

MVE DOMINANT HAND STRENGTH
Right Hand (Pounds)



MVE NON-DOMINANT HAND STRENGTH
Left Hand (Pounds)



REG RESULTS	MVE Performance	REG Performance	REG Test Score	REG % Change
Dominant (R)	11.4 lb	20.3 lb	8.9	78%
Non-dominant (L)	15.7 lb	24.4 lb	8.7	55%
AMA Norms	*Right Strength = 5.2 kg, AMA Norm = 23.4 kg, Percent of Norm = 22%* *Left Strength = 7.1 kg, AMA Norm = 21.5 kg, Percent of Norm = 33%*			
VALIDITY	*Coefficients of variation ≥ 20% on 0 of 10 trials (MVE).* *Inappropriate strength curves on 2 of 2 curves (MVE).* *Positive REG scores on 2 of 2 sides (REG).*			

Additional Summary Information © 1996 Phillip Osborne, M.D.

	Positive	Negative
Cervical response		
Shoulder response		
Trochanteric pressure		
Hoover's test		

	Inconsistent	Consistent
Beck		
LIA		
. . . Waddell Signs . . . of 5 Positive		

WHOLE-BODY ISOMETRIC STRENGTH TESTING

POSTURE	H Distance	V Distance	RWL*	RESULTS	PERCENT CAPABLE†
Squat Lift	10	6	42 lb	0 lb (1)	n/a
Back Lift	15	15	30 lb	7.9 lb	n/a
Pull In	13	62	n/a	10.8 lb	n/a
Push Out	14	49	n/a	9 lb	n/a
High Near Lift	10	60	40 lb	7.9 lb	n/a

* Recommended Weight Limit is the level at which "nearly all healthy workers can perform over a substantial period of time" (NIOSH, 1994).

† Comparison of examinee to the normal population. Value indicates percent of population capable of producing the same level of strength as exerted by examinee (NIOSH, 1981).

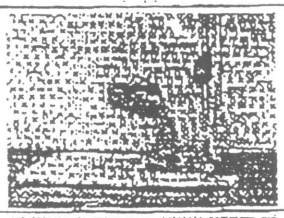
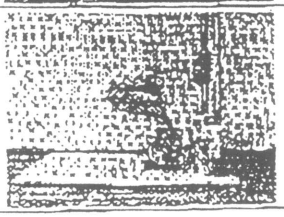
H CHANGES	H Distance	V Distance	RESULTS	APPROPRIATE
H Squat Lift	20	6	0 lb (2)	Decrease? NO
H Back Lift	5	15	7.8 lb	Increase? NO
H High Near Lift	20	60	3.5 lb	Decrease? YES

Validity Summary:

Minimal Effort (< 15 pounds) on 5 *of* 5 *tasks.*

Effort below Recommended Weight Limit on 3 *of* 3 *tasks.*

Inappropriate horizontal strength changes on 2 *of* 3 *tasks.*

COMMENTS (referenced by number from test result table)	Comment Picture
(1) Examinee was unable to perform the Squat Lift due to the low height.	
(2) Examinee was unable to perform the H Squat Lift due to the low height.	

Bibliography:

Berryhill, B. H., Osborne, P., Staats, T. E., Brooks, F. W., & Skarina, J. M. (1993). Horizontal strength changes: An ergometric measure for determining validity of effort in impairment evaluations. *Journal of Disability*, 3(1-4): 163-168.

U.S. Department of Health and Human Services. (1981). *Work Practices Guide for Manual Lifting.*

U.S. Department of Health and Human Services. (1994). *Applications Manual for the Revised NIOSH Lifting Equation.*

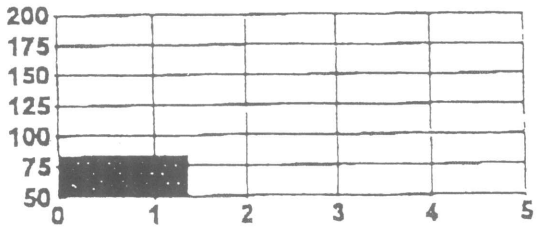
DYNAMIC PROGRESSIVE LIFTING

PROTOCOL: CERVICAL (Knuckle-To-Shoulder) (1)

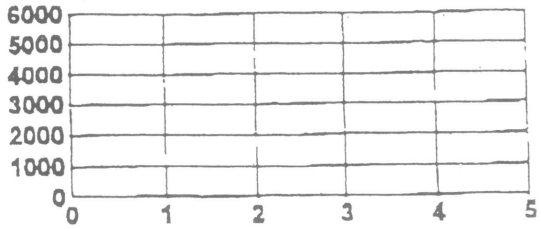
	BEGINNING	ENDING
Weight Lifted	11 lb	11 lb
Perceived Load	1 - (Like Nothing)	9 - (Too Heavy)
Pain Level	0 - (No Pain)	9 - (Intolerable)
Heart Rate (Target = 130)	84	84

Reason for Discontinuation of Testing	**Psychophysical:** Examinee rated pain level at 8 or 9 after lifting 11 lbs.
Lifting Capacity (DOT Category) Indicated by this Performance	Sedentary
Compatible with Isometric Performance?	YES

Heart Rate (beats/min)



Cumulative Work (lb-ft)

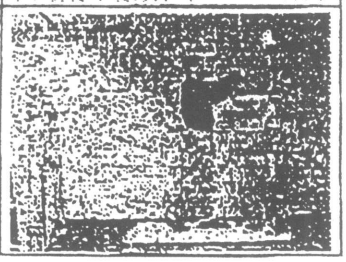


Test Endpoint Conditions for Dynamic Progressive Lifting

CONDITION	DESCRIPTION
Psychophysical	Voluntary test termination by the examinee based on complaints of fatigue, excessive discomfort, or inability to complete the required number of movements during the testing interval (cycle).
Physiological	Achievement of an age-determined target heart rate (based on a percent of maximal heart rate).
Biomechanical	Achievement of a predetermined anthropomorphic safe lifting limit based on the examinee's adjusted body weight.
Safety	Intervention by the testing technician based upon an evaluation of the examinee's lifting posture or technique. If the examinee is observed to perform task while maintaining a horizontal distance of greater than 6" from the load or to perform the task with feet closer together than shoulder width, testing is discontinued due to High Risk Work Style.

Physical Demand Characteristics of Work

PHYSICAL DEMAND LEVEL	OCCASIONAL 0-33% of the workday	FREQUENT 34-66% of the workday	CONSTANT 67-100% of the workday	TYPICAL ENERGY REQUIRED
Sedentary	Up to 10 lbs.	Negligible	Negligible	1.5 - 2.1 METS
Light	Up to 20 lbs.	Up to 10 lbs.	Negligible	2.2 - 3.5 METS
Medium	20 - 50 lbs.	10 - 25 lbs.	Up to 10 lbs.	3.6 - 6.3 METS
Heavy	50 - 100 lbs.	25 - 50 lbs.	10 - 20 lbs.	6.4 - 7.5 METS
Very Heavy	Over 100 lbs.	Over 50 lbs.	Over 20 lbs.	Over 7.5 METS

COMMENTS (referenced by number from test result table)	Comment Picture
(1) Examinee was able to perform one cycle on the Dynamic lift of 11 pounds and requested to discontinue.	

Bibliography:

Garg, A., et al. (1980). A comparison of isometric strength and dynamic lifting capacity. Ergonomics, 23: 13-27.

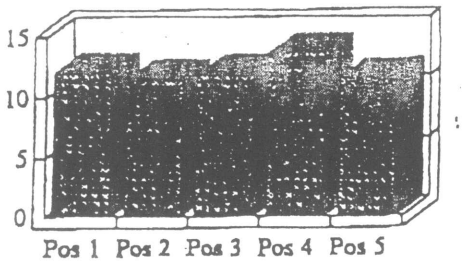
Mayer, T., et al. (1988). Progressive isoinertial lifting evaluation: A standardized protocol and normative data base. Spine, 13: 993-997.

U.S. Department of Labor. (1991). Dictionary of Occupational Titles, Vol. II (Fourth Edition, Revised).

JAMAR HAND DYNAMOMETER

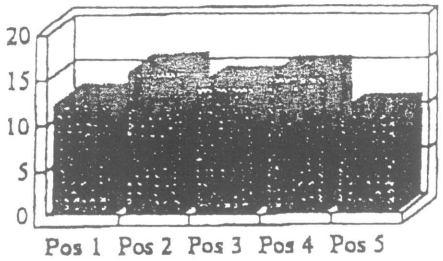
DOMINANT HAND STRENGTH

Right Hand (Pounds)



NON-DOMINANT HAND STRENGTH

Left Hand (Pounds)



Coefficients of Variation (COV's)

Injured hand(s) marked with *	1ST POSITION	2ND POSITION	3RD POSITION	4TH POSITION	5TH POSITION
Dominant (R)	0.0	11.6	7.9	10.7	8.2
Non-dominant (L)	4.0	18.0 (1)	13.7 (2)	14.0 (3)	7.8

Rapid Exchange Grip Testing

	MVE Performance	REG Performance	REG Score*	REG % Change
Dominant (R)	11.4 lb	20.3 lb	8.9	78%
Non-dominant (L)	15.7 lb	24.4 lb	8.7	55%

*REG score is positive when performance on Rapid Exchange Grip is greater than that on MVE (2nd pos.) performance. A positive REG score should alert the physician that submaximal performance is suspected.

Strength Performance vs. AMA Norms (Guides Table 32, p. 65):

Right Strength = 5.2 kg, AMA Norm = 23.4 kg, Percent of Norm = 22%

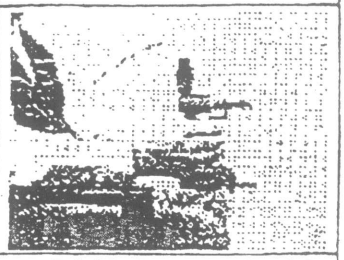
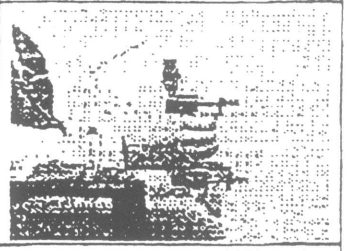
Left Strength = 7.1 kg, AMA Norm = 21.5 kg, Percent of Norm = 33%

Validity Summary:

Coefficients of variation ≥ 20% on 0 of 10 trials (MVE testing).

Inappropriate strength curves on 2 of 2 curves (MVE testing).

Positive REG scores on 2 of 2 sides (REG testing).

COMMENTS (referenced by number from test result table)	Comment Picture
(1) Examinee was unable to activate trials 1, 2, or 3 on Position #2 with the right hand. These trials were activated by the technician.	
(2) Examinee was unable to activate trial 2 on Position #3 with the right hand. This trial was activated by the technician.	
(3) Examinee was unable to activate trials 1, 2 or 3 on Position #4 with the right hand. These trials were activated by the technician.	

Bibliography:

American Medical Association. (1993). Guides to the Evaluation of Permanent Impairment (4th ed.). Chicago: Author.

Hildreth, D. H. & Lister, G. D. (1989). Detection of submaximal effort by use of the rapid exchange grip. Journal of Hand Surgery, 14A: 742-745.

Mathiowetz, V., Kashman, N., Volland, G., Weber, K., Dowe, M., & Rogers, S. (1985). Grip and pinch strength: Normative data for adults. Arch Phys Med Rehabil, 66: 69-72.

Stokes, H. M. (1983). The seriously uninjured hand – Weakness of grip. Journal of Occupational Medicine, 25(9): 683-684.

ARCON ROM - Spinal ROM Inclinometer Report:

The patient was tested in our facility using the ARCON ROM computerized dual inclinometer system. This system is designed to quantify an individual's spinal range of motion (ROM) in the cervical, thoracic and/or lumbar regions, and to compare these ROM values to recognized population norms.

Individual Test Results		Range of Motion		NORMATIVE DATA‡	
Joint/Axis Tested	DATE	ROM Value	Valid †	Population Norm	Percent of Norm
Lumbar Flexion	04/06/99	41 deg	Yes	60 deg	68 %
Lumbar Extension	04/06/99	13 deg	Yes	25 deg	52 %
Lumbar Lateral Flexion - Left	04/06/99	25 deg	Yes	25 deg	100 %
Lumbar Lateral Flexion - Right	04/06/99	24 deg	Yes	25 deg	96 %
Straight Leg Raise Left	04/06/99	46 deg	Yes	n/a	n/a
Straight Leg Raise Right	04/06/99	19 deg	Yes	n/a	n/a
Lumbar Flexion	04/06/99	30 deg	Yes	60 deg	50 %
Lumbar Extension	04/06/99	18 deg	Yes	25 deg	72 %
Lumbar Lateral Flexion - Left	04/06/99	24 deg	Yes	25 deg	96 %
Lumbar Lateral Flexion - Right	04/06/99	24 deg	Yes	25 deg	96 %
Straight Leg Raise Left	04/06/99	34 deg	Yes	n/a	n/a
Straight Leg Raise Right	04/06/99	11 deg	Yes	n/a	n/a

("n/a" indicates results that are not available or applicable for the listed task)

If the patient repeated any test on one or more testing dates, results are shown in the table below. ROM changes (shown as "% Change" - positive indicating *increased ROM*, negative indicating *decreased ROM*) are presented as a means of evaluating either progress in rehabilitation or loss due to injury or degeneration.

Comparison Results	ORIGINAL TEST		REPEATED TEST		
Joint/Axis Tested	DATE	ROM	DATE	ROM	% Change
Lumbar Flexion	04/06/99	41 deg	04/06/99	30 deg	-26.8 %
Lumbar Extension	04/06/99	13 deg	04/06/99	18 deg	38.4 %
Lumbar Lateral Flexion - Left	04/06/99	25 deg	04/06/99	24 deg	-4 %
Lumbar Lateral Flexion - Right	04/06/99	24 deg	04/06/99	24 deg	0 %
Straight Leg Raise Left	04/06/99	46 deg	04/06/99	34 deg	-26 %

‡ From "Guides to the Evaluation of Permanent Impairment", Third Edition (Revised), American Medical Association, 1990.

† The AMA "Guides" validity criterion is three consecutive measurements within ±5° or ±10% of median value.

Comparison Results	ORIGINAL TEST		REPEATED TEST		
Joint/Axis Tested	DATE	ROM	DATE	ROM	% Change
Straight Leg Raise Right	04/06/99	19 deg	04/06/99	11 deg	-42.1 %

Figure 83c. Lumbar Range of Motion — Test Date: 04/06/99

Movement	Description	Range					
Lumbar Flexion	T12 ROM	42	42	40			
	Sacral ROM	4	1	0			
	True lumbar flexion angle	38	41	40			
	± 10% or 5°?	Yes					
	Maximum true lumbar flexion angle	41	= 97% of T12 ROM				
	% Impairment	* Not Valid *					
Lumbar Extension	T12 ROM	20	19	19			
	Sacral ROM	7	6	6			
	True lumbar extension angle	13	13	13			
	±10% or 5°?	Yes		(add Sacral flexion and extension ROM			
	Maximum true lumbar extension angle	13		and compare to tightest Straight Leg			
	% Impairment	* Not Valid *		Raising Angle)			
Straight Leg Raising Right	Right SLR	19	18	18			
	±10% or 5°?	Yes		(If tightest SLR ROM exceeds sum of			
	Maximum SLR Right	19		Sacral flexion and extension by more than 10°, Lumbar ROM test is invalid)			
Straight Leg Raising Left	Left SLR	41	43	46			
	±10% or 5°?	Yes		(If tightest SLR ROM exceeds sum of			
	Maximum SLR Left	46		Sacral flexion and extension by more than 10°, Lumbar ROM test is invalid)			
Lumbar Right Lateral Flexion	T12 ROM	26	26	25			
	Sacral ROM	2	2	2			
	Lumbar right lat flexion angle	24	24	23			
	±10% or 5°?	Yes					
	Maximum lumbar right lat flexion angle	24					
	% Impairment	0					
Lumbar Left Lateral Flexion	T12 ROM	30	30	27			
	Sacral ROM	5	6	2			
	Lumbar left lat flexion angle	25	24	25			
	±10% or 5°?	Yes					
	Maximum lumbar left lat flexion angle	25					
	% Impairment	0					
Lumbar Ankylosis in Lateral Flexion	Position			(Excludes any impairment for abnormal flexion/extension motion)			
	% Impairment						
Total Lumbar Range of Motion Impairment (*add* all ROM impairments if no ankylosis; use ankylosis impairment value if ankylosis is present)		0 %					

Note: Shaded column shows which measurement (of three consecutive within 5° or 10%) produced maximum ROM value

Figure 83c. Lumbar Range of Motion — Test Date: 04/06/99

Movement	Description	Range					
Lumbar Flexion	T12 ROM	31	30	30			
	Sacral ROM	1	0	0			
	True lumbar flexion angle	30	30	30			
	± 10% or 5° ?	Yes					
	Maximum true lumbar flexion angle	30	= 96% of T12 ROM				
	% Impairment X	5	NO				
Lumbar Extension	T12 ROM	20	22	22			
	Sacral ROM	3	4	4			
	True lumbar extension angle	17	18	18			
	±10% or 5° ?	Yes		(add Sacral flexion and extension ROM			
	Maximum true lumbar extension angle	18		and compare to tightest Straight Leg			
	% Impairment X	2		Raising Angle) NO			
Straight Leg Raising Right	Right SLR	11	10	8			
	±10% or 5° ?	Yes		(If tightest [illegible] ROM exceeds sum of			
	Maximum SLR Right	11		Sacral flexion and extension by more			
				than 10°, Lumbar ROM test is invalid)			
Straight Leg Raising Left	Left SLR	33	34	32			
	±10% or 5° ?	Yes		(If tightest SLR ROM exceeds sum of			
	Maximum SLR Left	34		Sacral flexion and extension by more			
				than 10°, Lumbar ROM test is invalid)			
Lumbar Right Lateral Flexion	T12 ROM	22	24	24			
	Sacral ROM	1	1	0			
	Lumbar right lat flexion angle	21	23	24			
	±10% or 5° ?	Yes					
	Maximum lumbar right lat flexion angle	24					
	% Impairment	0					
Lumbar Left Lateral Flexion	T12 ROM	26	27	28			
	Sacral ROM	2	3	4			
	Lumbar left lat flexion angle	24	24	24			
	±10% or 5° ?	Yes					
	Maximum lumbar left lat flexion angle	24					
	% Impairment	0					
Lumbar Ankylosis in	Position			(Excludes any impairment for abnormal			
Lateral Flexion	% Impairment			flexion/extension motion)			
Total Lumbar Range of Motion Impairment (*add* all ROM impairments if no ankylosis; use ankylosis impairment value if ankylosis is present)		0 %					

Note: Shaded column shows which measurement (of three consecutive within 5° or 10%) produced maximum ROM value.

Kasch Step Test Results:

The patient was tested in our facility using the *Kasch Step Test*. This test is designed to measure an individual's cardiovascular condition through the use of a simple, submaximal bench stepping procedure. The test is performed by having the patient step for three minutes on a 12-inch bench at a rate of 24 steps per minute (a total of 72 steps). The patient's heart rate is monitored during the test for safety (test is terminated if heart rate exceeds 85% of age-adjusted maximal heart rate). At the end of three minutes the patient stops, steps over the bench and sits down, while heart rate continues to be monitored during a one-minute recovery period. The total number of heart beats is counted during recovery, and this count is compared with population norms to determine the appropriate classification of cardiovascular condition (one of six standard levels as shown in table K1, below). Test results are as follows:

Results	Heart Rate Information			Score	Normative Data
DATE	Start of Test	End of Stepping	End of Recovery	Recovery beat count	Classification
04/06/99 (1)	78	76	78	87	Average (84-99)

("n/a" indicates results that are not available or applicable for the listed task)

COMMENTS (referenced by number from test result table)	Comment Picture
(1) Examinee was only able to complete one minute on the Kasch step test. She was able to step up and down the step a total of three times. Heart rate at the time of discontinuation was 85 b.p.m.	

Table K1 Kasch Step Test Scoring Norms‡ (for adult males and females)	Classification	Recovery heart beat count
	Excellent	71 - 78 beats
	Very good	79 - 83 beats
	Average	84 - 99 beats
	Below average	100 - 107 beats
	Poor	108 - 118 beats
	Very poor	119 beats or above

‡ Kasch, F.W and Boyer, J.L., Adult Fitness, Principles and Practice. Greeley All American Productions and Publications, 1968.

The Comprehensive IME System: Essential Resources for an Efficient and Successful Practice
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ISBN: 0-9652197-6-3

LOWER EXTREMITY IMPAIRMENT EVALUATION RECORD

(referenced to AMA Guides, 3rd Edition)

Examinee: April Date: 4/6/94

HIP

	MOTION		ANKYLOSIS		IMP %	
	R	L	R	L	R	L
Norm: FL = 100° REF: T37, P62	80	90	10		2	
Norm: EX = 30° REF: T38, P63	FC 25	0	-25		5	
Norm: ABD = 40° REF: T39, P63	25	30	5		2	
Norm: ADD = 20° REF: T39, P63	15	20	5		2	
Norm: IR = 40° REF: T40, P63	5	30	25		6	
Norm: ER = 50° REF: T40, P63	15	40	25		6	
					24%	

Add Imp. % FL + EX + ABD + ADD + IR + ER

LOWER EXTREMITY IMPAIRMENT EVALUATION RECORD

(referenced to AMA *Guides*, 3rd Edition)

Examinee: April [illegible] Date: 4/6/99

KNEE

	MOTION		ANKYLOSIS		IMP %	
	R	L	R	L	R	L
Norm: FL = 150° REF: F35, P61	130	135	(5)		2	
Norm: EX = 0° REF: F35, P61	0	0				
Add Imp. % FL + EX					2%	

2% L.E

10% WP

Physician Report Form
Independent Medical Evaluation Report

Examinee: *John D. Sample*
Identification Number: 0123

Date of Examination: *August 1, 1997*
Examining Physician: *Jane Smith, MD*
Examination Location: *Portland, ME*

Date of Birth: *December 27, 1950*
Date of Injury: *July 1, 1996*

Client Organization: *Employers Insurance*
Referral Source: *Mary Client*

Introduction

This 46-year-old, [⊠ right ❒ left]-handed [⊠ man ❒ woman] was referred for an independent medical evaluation (IME) by the above client. The independent medical examination process was explained to the examinee, and s/he understands that no patient/treating physician relationship was established. Mr/s. <lastname> was advised that the information provided will not be confidential and a report will be sent to the requesting client.

Mr/s. <lastname> arrived at: *9:45 am*, the interview commenced at *10:05 am,* followed by the physical examination, which started at *10:50 am* and was completed by *11:05 am.* Mr/s. <lastname> was [⊠ cooperative ❒ semi-cooperative ❒ uncooperative]. History was provided by the examinee who was a [⊠ fair ❒ vague ❒ good] historian. The information s/he provided was [❒ consistent ⊠ not always consistent] with the medical records provided.
[❒ Accompanying Mr/s. <lastname> was _____ who _____.]

A [⊠ questionnaire ⊠ and pain inventories] were completed by the examinee.
⊠ To ensure accuracy, the clinical history was dictated in his/her presence.

⊠ A staff member, *Jim Martin,* was present throughout the physical examination.
⊠ Mr/s. <lastname> reported no difficulties occurring during the examination.

DISABILITY ASSESSMENT CENTER, P.A.

RELEASE OF MEDICAL RECORDS

I, _____, hereby authorize any and all licensed health care practitioners employed and affiliated with Anthony J. Dorto, M.D., and Disability Assessment Center, PA, including but not limited to: physicians, psychologists, nurses, therapists, social workers, counselors, medical attendants, and any other persons who have participated in providing any care or service to me, to discuss any communication, whether confidential or privileged, to any health care provider that is necessary for the provision of my care; and to release full and complete medical records and reports including but not limited to patient histories, x-rays, examinations, and test results, reports, or information prepared by other persons and all responsible for payment and to any other licensed health care practitioner or health care facility who requests these records for my medical treatment.

The following are limitations on the release of my medical information by_____

_____

_____

Patient or Authorized Representative Signature

_____

Relationship to Patient

_____

Date

_____

Witness Signature

Examinee: _____ Date: _____ Page 2

The client provided the following clinical records: *Waterville General Hospital (Diane Cookson, MD), John Cutter, MD, Sports Physical Therapy, and Fred Jones, DC.*

These records were carefully reviewed. No records prior to *July 8, 1996,* or subsequent to *May 1, 1997,* were available for review. The following records were not available for review at the time of this examination and the preparation of this report: initial medical encounter at *Waterville General Hospital on July 1, 1996, and most recent records.*

History

Pre-Existing Status

☒ include from questionnaire

☐ S/he denies any previous problems or injuries, including any other work- or liability-related injuries.

☐ Mr/s. <lastname> also denies having any difficulties similar to those s/he is now experiencing until the injury.

☐ _____

Injury

☒ include from questionnaire

S/he reports that on <injurydate> _____

At that time the difficulties were _____

Following the injury, s/he _____

Clinical Chronology

<☒ dictated clinical history in chronological order from date of injury to current>

Summary

Diagnostic Studies

Study	Date	Result
CT Scan	*8/1/96*	☒ highlighted
		❒ highlighted
		❒ highlighted
		❒ highlighted
		❒ highlighted
		❒ highlighted
		❒ highlighted
		❒ highlighted

Therapeutic Interventions

Therapy/Procedure	Date	Result
Physical Therapy	*8/4-10/1/96*	*No improvement*
Chiropractic Manipulation	*10/15/96-current*	*Transient improvement*

Current Status ☒ include from questionnaire

The examinee's chief complaint is _____.

S/he reports difficulties with pain that is primarily located in the _____
_____.

The pain is described as _____.

The pain is worsened by _____
and improved by _____.

The pain is reported as: ☐ constant ☐ frequent ☐ occasional ☐ intermittent.

On a scale from 0 (no pain) to 10 (excruciating pain), the examinee reports the pain now is a _____.
During the past month the pain averaged _____, with a high of _____ and a low of _____.

The examinee also reports difficulties with _____
_____.
{☐ S/he denies any other problems}

Functional Status ☐ include from questionnaire

S/he reports greatest difficulties with the following tasks: *lifting anything weighing over 5 pounds, bending, sitting over 5 minutes, standing over 30 minutes, or walking more than a few feet.*

Occupational History ☒ include from questionnaire

At the time of the injury/s s/he had been employed by _____ and had been working there for _____. S/he was working [full/part] time as a _____.
According to the description provided by the examinee, the job involved _____
_____.

S/he has previously worked as a _____.
S/he has a _____ education.

In terms of current work status, s/he _____
_____
_____.

S/he reports [❒ no work restrictions / ❒ work restrictions that include: _____
_____]

Social History ☒ include from questionnaire

The examinee lives in _____ with _____.
The activities of a typical day include _____
_____
_____.

❒ S/he denies performing any other work activities or vigorous recreational pursuits.
❒ _____.

[The examinee ❒ does not smoke, ❒ smoked in the past but has quit, ❒ smokes _____ packs per day.]

❒ S/he denies any problems with alcohol or illicit drug usage.
❒ S/he reports consuming _____ per week.
❒ _____.

Past Medical History ☒ include from questionnaire

Medical: _____
Surgery: _____
Medications (other): _____
Allergies: ❒ None known ❒ _____

Review of Systems ☒ include from questionnaire

❒ Noncontributory Positive only for: _____
_____

Family History ☒ include from questionnaire

❒ Noncontributory Positive only for: _____
_____

Physical Examination

Observations

The examinee is a ☒ well-developed ☒ well-nourished ☐ female ☐ _____ ☒ overweight ☐ thin _____ ☒ male.

S/he appears ☒ healthy ☐ unhealthy ☐ older than stated age.

Examination of the hands reveals ☐ no callus ☐ minimal callus ☒ significant callus.

☒ No assistive devices were used. S/he uses a _____.

Weight was *230* pounds and height was *5* feet *10* inches. (☒ reported ☐ measured)

Behavioral Observations

The examinee was ☐ pleasant ☒ cooperative ☒ attentive. ☒ somewhat irritable, although overall ☐ _____ ☐ _____

Affect was ☐ normal ☐ flat ☒ excitable ☐ _____.

During the visit s/he appeared ☐ comfortable ☐ mildly uncomfortable ☒ uncomfortable ☒ although the extent of this varied.

S/he sat continuously for up to *40* minutes during the interview.

☐ There was no significant pain behavior.
☒ Pain behavior was noted, including: moaning, grimacing, and rubbing.

☐ Nonphysiologic findings were not present.
☒ Nonphysiologic findings were present, as noted below.

Structural Examination

In the standing neutral position cervical, thoracic, and lumbar curves were
- ☐ well-maintained
- ☒ *remarkable only for mild lumbar hypolordosis.*

Extremities appeared
- ☒ grossly normal
- ☐ _____.

The shoulders were
- ☒ symmetric
- ☐ _____.

and pelvis was
- ☒ level
- ☐ _____.

Gait was
- ☐ normal, with no antalgia.
- ☒ *normal in the hallway, although quite antalgic in the examination room.*

Examination focused on the *low back and lower extremities.*

Regional Examination

Observations
- ☒ There was no gross deformity or obvious abnormality.
- ☐ _____.

Range of Motion

☐ Range of motion was ☐ normal ☒ restricted, ☒ *however, inconsistent among measurements and with straight-leg raising.*

The following measurements were obtained:
Lumbar flexion: Thoracic component 10-25 degrees, sacral component 5 degrees, true 5-20 degrees
Lumbar extension: Thoracic component 0 degrees, sacral component 0 degrees, true 0 degrees
Lumbar lateral flexion: Thoracic component 0 degrees, sacral component 0 degrees, true 0 degrees, both right and left. These measurements were inconsistent with straight-leg raising of 50 degrees.

Palpation

☒ There were no palpatory findings.
☒ *Tenderness was reported over the entire spine from upper thoracic to sacrum.*

Objective Findings

☒ There were no objective findings.
☐ Positive physical findings included:_____

Neurological Examination

☐ Motor, sensory, and deep tendon reflexes were normal.
☒ *He had diffuse give-away weakness of his left leg and decreased sensation involving his entire left leg. Straight-leg raising was negative to 90 degrees sitting, and reported positive for back pain at 50 degrees supine. Calf circumferences were equal.*

Nonphysiological Examination

☐ No nonphysiological findings were present.
☒ *There were several nonphysiological findings, including reported sitting tolerance of 5 minutes versus observed of 40 minutes, heavy callus on hands despite reports of inactivity, complaints of severe back pain on axial loading, reported pain on rotation of the trunk as a unit, reported pain radiating into the left leg on light palpation, inconsistencies in range of motion with straight-leg raising, and nonanatomic neurological findings as noted.*

Diagnostic Studies

<☐ dictated results of review of radiographic and other diagnostic studies provided>

No diagnostic studies were provided for review.

❒ **Multidimensional Pain Inventory**

The results of the University of Pittsburgh School of Medicine Multidimensional Pain Inventory were computer analyzed. The examinee rated the impact of the pain in several areas on a 0 to 6 scale. The report (appended) gives scores and statistical analysis, along with a graphic representation of the results compared with a control group.

This profile is classified ❒ adaptive coper ❒ dysfunctional ❒ interpersonally distressed ❒ nonanalyzable.

⊠ **CES-D**

The Center for Epidemiologic Studies Depressed Mood Scale was administered. The examinee scored *14*, which [❒ is ⊠ is not] consistent with a depressed mood.

Conclusions

Diagnoses

⊠ Use diagnoses list

1. _____
2. _____
3. _____
4. _____
5. _____

The subjective complaints [❒ are ⊠ are not] consistent with [❒ the ⊠ any] objective findings. Symptom magnification [⊠ was ❒ was not] evident.

<⊠ dictated discussion>

⊠ Causation

Based upon the available information, to a reasonable degree of medical certainty, there [❒ is ⊠ is no] causal relationship between the examinee's current complaints and the reported injury. *There are no objective findings of any physical sequelae.*

⊠ Prognosis

The overall prognosis is [❒ good ❒ fair ❒ poor ⊠ guarded ⊠ *concerning his behavior*].

⊠ Maximum Medical Improvement

The examinee [⊠ has ❒ has not] achieved maximum medical improvement. MMI is defined as the date after which further recovery and restoration of function can no longer be anticipated, based upon a reasonable degree of medical probability.

⊠ Permanent Impairment Evaluation

Permanent impairment evaluation was performed in accordance with the
⊠ AMA's *Guides to the Evaluation of Permanent Impairment,* ⊠ Fourth ❒ _____ Edition.
❒

<⊠ dictated analysis and comparison to criteria>

⊠ Work Capacity

❒ This examinee has at least a [❒ sedentary ❒ light ❒ medium ❒ heavy] work capacity as defined in the *Dictionary of Occupational Titles*, U.S. Department of Labor.

⊠ There is no objective basis to support any restrictions at this time.
❒ The following work restrictions are suggested:

⊠ Appropriateness of Care

The client has asked that I specifically address the issue of appropriateness of medical care. Based on the specifics of this care, it is my professional opinion that care [❒ has ⊠ has not] been consistent with the usual standards of care for this problem. *There are no objective findings to support an ongoing need for manipulation.*

❒ **Recommendations**

Diagnostic/Consultation

❒ No further diagnostic testing or consultation is indicated.
❒ _____
_____.

Therapeutic

❒ No further treatment is required.
❒ _____
_____.

The above analysis is based upon the information available at this time, including the history given by the examinee, the medical records and tests provided, the results of pain status inventories, and the physical findings. It is assumed that the information provided to me is correct. If more information becomes available at a later date, an additional report may be requested. Such information may or may not change the opinions rendered in this evaluation.

The examiner's opinions are based upon a reasonable degree of medical certainty and are impartial. Medicine is both an art and a science, and although an individual may appear to be fit for work activity, there is no guarantee that the person will not be reinjured or suffer additional injury. If applicable, employers should follow the processes established in the Americans with Disabilities Act, Title I. The opinions on work capacity are to facilitate job placement and do not necessarily reflect an in-depth direct threat analysis. Comments on appropriateness of care are professional opinions based upon the specifics of the case and should not be generalized, nor necessarily be considered supportive or critical of, the involved providers or disciplines.

Any medical recommendations offered are provided as guidance and not as medical orders. The opinions expressed do not constitute a recommendation that specific claims or administrative action be made or enforced.

Thank you for asking me to see this examinee in consultation. If you have any further questions, please do not hesitate to contact me.

Sincerely,

<physician's name>

Enclosures: ☒ Pain drawing
❒ Multidimensional Pain Inventory results

Independent Medical Evaluation Questionnaire

We will be seeing you soon for your independent medical evaluation. We pledge that we will be both thorough and impartial. During this visit no treating physician/patient relationship will be established. The purpose of this visit is to answer specific questions concerning your case and to prepare a report. The information that you share with us will be included in the report. If anyone else needs a copy of this report, it is best to obtain it directly from the organization requesting this evaluation.

During the visit we will review your history, medical records, and any available studies. We will also perform a physical examination. If you have any difficulties whatsoever during the assessment you should let us know immediately. To adequately understand your case, we need to carefully review your history. Please complete this questionnaire and bring it with you to the examination. We will review all of this information at the time of your visit. We look forward to seeing you.

1. What is your full name?

2. What is your date of birth?

3. Are you? ☐ Right Handed ☐ Left Handed ☐ Either

4. What is the date of your injury?

5. Have you ever had any previous problems or injuries, including any other work-related, recreational, or motor vehicle injuries? ☐ Yes ☐ No ☐ Not sure

   If yes, please describe:

6. Have you ever had any difficulties prior to the date of your injury that were similar to those you are now experiencing? ☐ Yes ☐ No ☐ Not sure

   If yes, please describe:

7. Please describe how your injury occurred:

8. What problems did you have at that time?

9. What did you do following the injury?

10. Briefly describe what has occurred since that time to this date:

11. What is your greatest concern at this time?

If you are not having difficulty with pain, proceed to question 18.

12. Where is your pain located?

13. How would you describe your pain?

14. What makes your pain worse?

15. What makes your pain better?

16. How frequent is your pain?

- ☐ constant (present ¾ to all of the time)
- ☐ frequent (present ½ to ¾ of the time)
- ☐ occasional (present ¼ to ½ of the time)
- ☐ intermittent (present less than ¼ of the time)

17. On a scale from 0 (no pain) to 10 (excruciating pain):

a. What number would you put on your pain at this time? _____
b. During the past month, what has it averaged? _____
c. During the past month, what is the highest it has been? _____
d. During the past month, what is the lowest it has been? _____

18. Are you having any other difficulties? ☐ Yes ☐ No ☐ Not sure

If yes, please describe these difficulties in detail:

19. Are any tasks difficult for you to perform? ☐ Yes ☐ No ☐ Not sure

If yes, please describe the tasks that are most difficult for you:

If your injury is not work-related, please proceed to question 28.

20. Who were you employed by when you were injured?

21. How long had you been working there?

22. What was your job?

23. What did this job involve?

24. What type of work have you performed previously?

25. What is your level of education?

26. Are you working now? ☐ Yes ☐ No

Please describe:

27. Has your doctor, or anyone, prescribed any work restrictions? ❒ Yes ❒ No ❒ Not sure

If yes, please describe these restrictions:

28. Where do you live?

29. Who lives with you?

30. Please describe your typical day:

31. Are you involved in any work activities or any significant recreational pursuits? ❒ Yes ❒ No ❒ Not sure

If yes, please describe:

32. Do you smoke? ❒ No ❒ Yes, in the past, but I quit ❒ Yes, _____ packs per day

33. How many alcoholic beverages do you have per week? _____

34. Have you had any medical hospitalizations? ❒ Yes ❒ No ❒ Not sure
If yes, please describe:

35. Have you had any operations? ❒ Yes ❒ No ❒ Not sure
If yes, please describe:

36. Are you taking any prescribed medications? ❒ Yes ❒ No ❒ Not sure
If yes, please list:

37. Are you allergic to any medications? ☐ Yes ☐ No ☐ Not sure
If yes, please describe:

38. Have you had any other medical problems? ☐ Yes ☐ No ☐ Not sure
If yes, please describe:

39. Do any diseases run in your family? ☐ Yes ☐ No ☐ Not sure
If yes, please describe:

40. Please provide any other comments that may assist us in understanding your situation:

Thanks for your assistance. At the time of the visit we will review this information in further detail.

I understand that I am being seen for an independent medical evaluation and no treating physician/patient relationship is established. I understand that the information I discuss will be included in a report that is prepared for the requesting client. I consent to this report being sent to this client and to participating in the assessment. I agree to advise the physician immediately if I experience any difficulties during the examination.

Signed: _____

Date: _____

Witness: _____